

Chapter Fourteen

Records and Reports

Overview

Policy

All records pertaining to a specific fiscal year will normally be retained for 5 years and 5 months after the federal fiscal year (FFY) ends September 30th.

Records will be retained longer if required by written notice from the USDA Food and Nutrition Service (FNS) or if an audit has not been conducted for that fiscal year's records.

Example: Allowed Destruction Dates of WIC Records:

- Records for FFY 99-00 can be destroyed after 2/28/05
 - Records for FFY 00-01 can be destroyed after 2/28/06
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In This Chapter

This chapter is divided into four (4) sections which describe State and Local Agency reports and records, confidentiality, release of WIC records, and three (3) appendices of forms.

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Section A

State Agency Records and Reports

Policy

The State Agency will maintain full and complete records concerning Program Operations of the following:

Record	Location
Certification	The AIM System
Nutrition Education	The AIM System
Civil Rights Hearings	Program Integrity Unit
Fair Hearings	Program Integrity Unit
Informal Conference Meetings	Program Integrity Unit
Food Delivery System	The AIM System
Food Instrument Issuance and Redemption	The AIM System
Financial Operations (including all source documents requesting and receiving funds)	ADHS Accounting Office
Records showing how all funds are distributed	ADHS Accounting Office
Records of equipment purchases and inventory	ADHS Accounting Office
A-133 Audit Reports	Office of Auditing and Special Investigations

Note: Access to all records will be provided during normal business hours.

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Section A

State Agency Records and Reports (Continued)

ADHS Accounting Office Responsibilities

The ADHS Accounting Office will submit:

- Figures relating to the total cumulative WIC Administrative Outlays and Unliquidated Obligations, and the total cumulative advances paid to Local Agencies, to the State Agency office.
- The monthly and annual closeout Financial Status Report (FNS-798)
- The annual closeout Financial Expenditure Report (FNS-798), to the FNS/WRO by the end of February for the federal fiscal year, which ended the previous September 30th

Note: All financial reports will be reviewed and certified for completeness and accuracy by the Accounting Office. The Accounting Office will draw funds on the Letter of Credit utilizing the ASAP system.

Arizona WIC Program Responsibilities

The WIC Monthly Financial and Program Status Report (FNS-798) will be submitted to FNS/WRO by the 30th of the month to which it pertains.

All program reports will be reviewed and certified for completeness and accuracy by the Nutrition Programs Manager and the WIC Financial Manager.

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Section B

Local Agency Records and Reports

Policy

Local Agencies will maintain full and complete records concerning program operations:

Record	Location
Certification	The AIM System
Nutrition Education	The AIM System
Civil Rights Complaints	Local Agency Records
Records of equipment purchases and inventory	Local Agency Records
Source documents showing receipt of all program funds received and how they were distributed	Local Agency Records

Contractor's Expenditure & Requirements Report

Each Local Agency will submit a Contractor's Expenditure and Report to the ADHS Accounting Office no later than thirty (30) calendar days from the end of the month to which it pertains. Instructions for completing the report are located on the back of the form.

Annual Cost Summary Sheet

The Annual Cost Summary Report (see Chapter Thirteen, Appendix D) is due by December 30th based on information gathered for the previous fiscal year.

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Section C

Confidentiality

Confidentiality	<p>Confidentiality is the protection of information regarding an applicant or participant.</p> <p>WIC confidentiality regulations are to:</p> <ul style="list-style-type: none">• Protect individuals from unwanted invasion of their privacy• Allow clients access to their own records• Protect the interests of society by permitting disclosure without client consent in limited situations, such as suspected child abuse, medical emergencies, communicable disease control, investigation of program violations and program evaluations
Statement of Confidentiality Form	<p>All personnel working with WIC must sign a Statement of Confidentiality form agreeing to provide WIC services in a manner that maintains client confidentiality. (See sample form in Appendix B)</p>
Sharing of Information	<p>The sharing of WIC information with other health and welfare programs is intended to facilitate a WIC client's entry into other healthcare and social services programs that would assist and benefit the individual.</p>
Written Agreements	<p>Each local WIC Program must execute a written agreement with each agency or program that will be receiving information.</p> <p>This agreement should specify:</p> <ul style="list-style-type: none">• What program will have access to what information• What that information will be used for• The assurance that the information will not be disclosed to other programs <p>These agreements must not be made with an umbrella agency. This practice would make the applicant/participant's record indiscriminately available to a wide variety of personnel and programs that potentially compromise a WIC participant's confidentiality. Therefore, a written agreement must be made with each individual program under the umbrella agency. Due to the confidential nature of WIC data, the local WIC program must also have a written agreement with its local information technology unit.</p>

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Section C

Confidentiality (Continued)

Release Forms

An applicant or participant requesting information be sent to a third party or an organization, e.g., a doctor or a health maintenance organization, must sign a release form. (See sample form in Appendix C)

Signing the release is a voluntary act and not a condition of eligibility or participation. The Local Agency must ensure that applicants/participants are aware they can decline to sign a release form without jeopardizing their program status. The release form must contain a statement that informs the applicant/participant of this right.

The release form should not be signed until the certification process is completed and the applicant has been informed of the eligibility determination.

See Section D: *Release of WIC Client Records, Subpoenas, and Search Warrants* for release of any information.

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Section D

Release of WIC Client Records, Subpoenas, and Search Warrants

Policy

WIC information about applicants and participants is deemed confidential. The disclosure of confidential information is restricted.

Release of Records

WIC records can be released:

- For the purpose of investigating allegations of child abuse or neglect (A.R.S. 13-3620)
 - In response to a subpoena or search warrant
 - In response to a release signed by the appropriate individual to sign a client's record release. (In the case of a child custody case legal counsel must be consulted)
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A.R.S. 13-3620

Duty to report abuse, physical injury, neglect and denied or deprivation of medical or surgical care or nourishment of minors; medical records; exceptions; violations; classification; definitions.

The request for release of information must be in writing, specifying Arizona statute, A.R.S. 13-3620, made by a peace officer or Child Protective Services (CPS) worker, with valid identification, investigating the minor's neglect or abuse.

WRO Policy Memo 800-E

The Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a) reflects Congress' intent that suspected or known child abuse or neglect be reported. Therefore, it would be inappropriate for WIC regulations pertaining to confidentiality to take precedence over any State law requiring the reporting of suspected child abuse. If State law requires the reporting of known or suspected child abuse or neglect, WIC staff must release such information.

Subpoena

A subpoena is only a request for information issued by the clerk of the court. It does not represent a court's ruling that WIC information must be released.

Note: A subpoena cannot be ignored and must be reviewed by legal counsel.

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Section D

Release of WIC Client Records, Subpoenas, and Search Warrants (Continued)

Request Does Not Meet Conditions

When a request is denied, a letter will be completed and sent to the requestor. And a copy of the denial letter will be sent to ADHS WIC to the attention of the Program Integrity Manager.

Policy and Procedures

Local Agencies will have policy and procedures regarding the reporting of child abuse and neglect and regarding the releasing of client records. These policies and procedures must include the following State policy and be approved by ADHS WIC before implementation.

Child Abuse Or Neglect

- Known or suspected child abuse or neglect must be reported to Child Protective Services (CPS), releasing pertinent information regarding the abuse or neglect
 - Information reported to CPS, when and to whom the information was given, will be documented in the client's file
 - Confidentiality of all records concerning reports of child abuse or neglect will be maintained, including the confidentiality of the person making the report if anonymity is requested
 - Local Agency legal counsel will be consulted prior to providing any information when CPS staff makes a contact requesting information that might substantiate allegations of child abuse. These requests need to be assessed on a case-by-case basis to determine whether client's records can legally be released to CPS
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Section D

Release of WIC Client Records, Subpoenas, and Search Warrants (Continued)

Client's Request Of Records

- All requests must be in writing with client's signature and the date of the request
- A copy of the information requested will be provided, however, the client will be informed if the requested information is unavailable, or denied access, i.e. restricted health care information, report of child abuse, or the person does not have a legal right to access the information
- Withdrawal of an authorization for release of information must be in writing with signature and date. The withdrawal must be documented in the client's file

Subpoena

- A subpoena must be accepted, but client information will not be provided without legal counsel approval
- Legal counsel will decide how the subpoena will be addressed and by whom

Search Warrant

- The warrant will be reviewed carefully and **only** the specified information requested in the warrant, and no other information, will be provided
- The individual(s) producing the warrant will be informed of the confidentiality policies concerning WIC information
- A copy of the search warrant will be retained in the client's file and for agency files as evidence of the reason specific information was released regarding a client
- Legal counsel will be notified immediately of the search warrant and the information released

Note: State and Local Agencies must be aware of the fact that the inappropriate release of WIC information could result in litigation and be subject to adverse action by FNS for failure to follow Federal program regulations, instructions, and policy.

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Appendix A: Sample – Denial of Participant Information

See Following Page

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SAMPLE

DENIAL OF PARTICIPANT INFORMATION

Date

XXXXXXXXXXXX
XXXXXXXXXXXX
XXXXXXXXXXXX

Dear XXXX:

The Arizona WIC Program is unable to respond to your request for information regarding the following person:

XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXX

The United States Department of Agriculture considers any WIC information regarding possible applicants and participants as confidential. Under no circumstances is any information ever given over the telephone. Official requests for WIC information regarding a client's record must be submitted in writing. Information will be released in response to a court order, subpoena or search warrant, after legal review and only for the specific information specified in the directive.

If you have questions regarding the denial of your request for information, please contact the following individual:

Karen I. Sell
Nutrition Programs Manager
150 North 18th Avenue, Suite 310
Phoenix, Arizona 85007
(602) 364-0687

Sincerely,

Local WIC Director
XXXXX
XXXXX

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Appendix B: Sample – Statement of Confidentiality

See Following Page

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SAMPLE

STATEMENT OF CONFIDENTIALITY

I, _____, understand and agree to follow the WIC policies and procedures of confidentiality during and following my employment with WIC.

I agree to the following:

1. To conduct myself in a manner which maintains client confidentiality during discussions that concern client's WIC services, specifically:
 - a) All information given by clients regarding their personal or medical status will be handled in a private approach.
 - b) All personal and confidential interviews will be conducted in a method that assures confidentiality.
 - c) Confidential information about clients will not be discussed outside of the WIC work settings
 - d) Client confidential information will not be discussed with other WIC personnel except for the purposes outline in the WIC policies and procedures.
2. I further understand that violations of this confidentiality policy may result in disciplinary actions up to and including immediate dismissal.

I acknowledge that I have read and understand the WIC policies and procedures concerning confidentiality.

Employee signature

Date

Supervisor signature

Date

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Appendix C: Sample – Authorization to Release Information

See Following Page

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SAMPLE

AUTHORIZATION TO RELEASE INFORMATION

(Agency Letterhead)

I, _____, give my permission to release my and/or my child's health information obtained during my participation in the WIC program. I understand that without my signature and specific consent, this information cannot be released except in a medical emergency or as authorized by regulations and law. I, also understand that signing the release is a voluntary act and not a condition of eligibility or participation.

Some information is further protected. Information on psychiatric disorders/mental health diagnosis and treatment, HIV/AIDS, sexually transmitted diseases, and drug and alcohol diagnosis and treatment will not be released unless I sign in the specifically protected information box below.

PLEASE RELEASE INFORMATION TO:

Provider Name/Organization

Address

City, State, ZIP Code

Authorized Representative Signature

Date

Specifically Protected Information

I give permission to release specifically protected information as indicated by my initials:

_____ Sexually Transmitted Disease Information

_____ HIV/AIDS Information

_____ Drug and Alcohol Diagnosis and Treatment Information

_____ Psychiatric Disorders/Mental Health Diagnosis and Treatment Information

Signature _____

Date: _____

This authorization may be canceled in writing at any time; otherwise it is valid for 90 days. A copy of this document may be considered the same as the original.